



ALABAMA LICENSURE BOARD FOR Interpreters and Translators

2740 Zelda Rd., Box #5, Montgomery, AL 36106

Phone: (334) 277-8881

Fax: (334) 263-6115

Apprentice Supervisor Affidavit

Apprentice Name (Please Print): _____
Last First Middle

The following section is to be completed by the Internship Supervisor:

Name of Supervisor: _____
(Print or Type) Last First Middle

Alabama License Number _____ Name of Program _____

Mailing Address: _____

Location of Internship: _____
Name Address City State Zip

Phone: () _____ Email: _____

I _____ have agreed to provide required and appropriate
supervision to _____, Intern for the period starting

_____ and ending _____
Month/Day/Year Month/Day/Year

Full Time _____ Part Time _____ Total number of hours: _____

Signature of Supervisor: _____ Date: _____

NOTARIZATION

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires: _____